

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/018504

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51							
2		1					52							
3		2					53							
4		①					54							
5		①					55							
6		2					56							
7		①					57							
8		①					58							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1		1											
TOTAL DEP.	8	↔	7	↔										
TOTAL CLAIMS	9	██████████	7	██████████										